## Emergency Transportation Provider Type 55 907 KAR 1:060

## <u>Information about the program:</u>

- Provider must contact Kentucky licensing authority.
- Out of state providers may enroll.
- Provider must have at least two persons to operate.
- Provider must have "bricks and mortar".
- Provider must obtain a Certificate of Need.
- Ambulance service license accepted (ALS, BLS, Class I, II, and III)
- Provider must obtain No limit vehicle liability and Professional Malpractice Insurance.
- KY Board of EMS must approve vehicles.

## Additional Information to be submitted by the provider for application processing:

- MAP-811 Non-Credentialed
- MAP-811 Addendum E
- State license to operate (issued by state emergency medical services)
- \/\\_Q
- NPI and Taxonomy Verification

## Important addresses:

- Kentucky Board of Emergency Medical Services 2545 Lawrenceburg Road Frankfort, KY 40601
- KY Medicaid
   Provider Enrollment
   P.O. Box 2110
   Frankfort, KY 40602